

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002440

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No.

164

Primary Registration District No.

3032

Registrar's No.

5

FILED JAN 15 1962

1. PLACE OF DEATH

a. COUNTY

Johnson

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

COUNTY Johnson

Inside Limits

Yes ☒ No ☐

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Warrensburg

Length of stay in Tb

7 Mon.

c. CITY

OR TOWN

Odessa

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

Ross Nursing Home

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

Missouri

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

James

Madison

Wood

4. DATE OF DEATH

Month

Day

Year

Jan. 8, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

11/29/77

9. AGE (last birthday)

84

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret. Farmer

10b. KIND OF BUSINESS OR INDUSTRY

General farming

11. BIRTHPLACE (City and state or country)

Warrensburg, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

R.H. Wood

13b. MOTHER'S MAIDEN NAME

Sarah Pemberton

14. NAME OF HUSBAND OR WIFE

Nell Wood-Dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown)

No

None

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs Lawrence Harshbarger-Warrens-

burg, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Heart Block
Coronary Artery Sclerosis

INTERVAL BETWEEN ONSET AND DEATH

10 minutes

17 mo -

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1961, July to 1-8-62 and last saw him alive on 1-8-62
Death occurred at 7:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

1/11/62

23c. NAME OF CEMETERY OR CREMATORY

Odessa Cemetery

23d. LOCATION (City, town, or county)

Odessa, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Sweeney-Phillips-Warrensburg, Mo.

25. DATE RECD. BY LOCAL REG.

Jan. 11, 1962

26. REGISTRAR'S SIGNATURE

Savannah Chutehfield

(Licensed Embalmers Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *J. E. East*

Licensed Embalmer No. 3878

P. O. Address Warrsburg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.